

## Instructions to Authors

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Submit the manuscript as two hard copies and on a personal computer disk. Manuscripts must be written in English.

Submission of a paper will be held to imply that it contains original unpublished work and is not being submitted for publication elsewhere. All the papers will be reviewed. Any manuscript which does not conform to the below instructions may be returned for the necessary revision.

No formal limit is set for the length of a paper, but the editors may recommend condensation where appropriate.

All names, including those of authors, should be written in original language.

Methods of all biomedical studies should meet the requirements of bioethics.

**Patient confidentiality.** Changing the details of patients in order to disguise them is a form of data alteration. However, the authors of clinical papers are obliged to protect the patients' right to privacy. Only clinically or scientifically important data can or should be published. Therefore, if it is possible to identify a patient from a case report, illustration or paper, the editors ask that the authors obtain and provide the written consent of the patient or his/her guardian to publish their data, including photographs, results of imaging test, etc., prior to publication. The specification of the race, ethnicity, or culture of a study subject is appropriate only when it is believed to be a factor exerting a measurable impact on the medical condition described in the study. When categorizing by race, ethnicity, or culture, the names of the categories should be as illustrative as possible and reflect how the subjects were assigned to these groups.

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Received manuscripts are first examined by the editors. Manuscripts with insufficient priority for publication are rejected immediately. Incomplete submissions or manuscripts not prepared in the required style (see below) will be sent back to the authors without scientific review. When the manuscript has been accepted for review, the authors will be notified in a letter giving the reference number for further correspondence with the Editorial Office. The registered manuscripts are sent to independent experts for scientific evaluation. We encourage authors to suggest the names of possible reviewers, but we reserve the right of final selection. Submitted papers are accepted for publication after a positive opinion has been returned by the independent reviewers.

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Information on the patients' informed consent should be provided. Studies on patients and volunteers require informed consent documented in the text of the manuscript. Where there is any unavoidable risk of breach of privacy – e. g. in a clinical photograph or in case details – the patient's written consent to publication must be obtained and supplied to the Journal along with the manuscript. Information on the approval of the local bioethics committee should also be provided.

**Results** – a concise and reasonable summary of the findings. Tables and figures should be restricted to the number actually needed to justify the arguments advanced in the paper and allow for the evaluation of its supporting evidence. Data provided in graphs and tables should not be duplicated. The number of observations should be indicated, and exclusions or losses to observation, such as dropouts from a clinical trial, should be reported. Treatment complications should be described. The results should be presented in logical sequence in the text, tables

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**Conclusions** – linked to the goals of the study. New hypotheses should be advanced only when warranted. Recommendations may be included when appropriate. Unqualified statements and conclusions not completely supported by the obtained data should be avoided.

**Acknowledgements.** All contributors who do not meet the criteria for authorship, such as technical assistants, writing assistants, or heads of department who provided only general support, should be mentioned in the Acknowledgements. Financial and other material support should be disclosed and acknowledged.

**References** must be numbered consecutively as they are cited. References selected for publication should be chosen for their importance, accessibility, and for the 'further reading' opportunities they provide. References first cited in table or figure legends must be numbered so that they will be in sequence with the references cited in the text. The style of references is that of Index Medicus. All authors should be listed when there are six or fewer; when there are seven or more, the first three should be named, followed by 'et al.'. The following are sample references:

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*Article in electronic form*

Drayer DE, Koffler D. Factors in the emergence of infectious diseases. *Emerg Infect Dis* [serial online] 1995 Jan-Mar [cited 1996 Jun 5]; 1(1): [24 screens]. Available from: URL: <http://www/cdc.gov/ncidod/EID/eid.htm>

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Cancer in South Africa [editorial]. *A Afr Med J*, 1994; 84: 15.

*Book, personal author(s)*

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

*Book, editor(s) as author*

Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

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Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

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